## PART B - FEE(S) TRA Complete and send this form, together with applicable fee(s), to: Mail PART B - FEE(S) TRANSMITTAL

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313

TENT'S HOLD				or <u>Fax</u>	(703) 746-4000	Kiiiia 22313-1430					
	INSTRUCTIONS: This for appropriate. All further cor indicated unless corrected to maintenance fee notification	m should be used for trans respondence including the P sclow or directed otherwise is.	mitting the ISSU atent, advance ord in Block 1, by (a)			nired). Blocks I through 5 si will be mailed to the current s; and/or (b) indicating a sepa	hould be completed where correspondence address as trate "FEE ADDRESS" for				
<b>6</b> ,	CURRENT CORRESPONDENC	E ADDRESS (Note: Usa Block I for a	my change of address)		Note: A certificate o	f mailing can only be used fi his certificate cannot be used i all paper, such as an assignment to of mailing or transmission.	or domestic mailings of the for any other accompanying				
	23844 75	90 07/05/2005	•		have its own certifica	te of mailing or transmission.	THE OF POSSIBLE MEANINGS CHARLE				
¥	SCOTT C HARR P O BOX 927649 SAN DIEGO, CA	Certificate of Mailing or Transmission I hereby certify that this Fco(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimility transmitted to the USPTO (703) 746-4000, on the date indicated below.									
10/12/2005	EAYALEW2 00000063				1	PTO (703) 746-4000, on the c net Christy	date indicated below. (Depositor's name)				
01 FC:2501 02 FC:8001	30.00 DA				melCh	(Signaum)					
	30100 PA					101410s	(Date)				
[	APPLICATION NO.	FILING DATE	First named inventor		ATTORNEY DOCKET NO.	· CONFIRMATION NO.					
_	10/064,519	07/23/2002		Scott C. Ha	nis	MP3/SCH	6632				
1	TITLE OF INVENTION: COMPRESSED AUDIO INFORMATION .										
[	APPLN. TYPE	SMALL ENTITY	issue fi	EB	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE				
	nonprovisional YES		\$700		\$0	\$700	10/05/2005				
[		EXAMINER		17	CLASS-SUBCLASS	]					
	ABEBE, DANI	EL DEMELASH	2655		704-500000						
3	Address form PIO/SB121) attached.    "Fee Address" indication (or "Fee Address" Indication form   PTO/SB147; Rev 03-02 or more recent) attached. Use of a Customer   Number is required.    "Rev Oddress" indication (or "Fee Address" Indication form   PTO/SB147; Rev 03-02 or more recent) attached. Use of a Customer   Number is required.    "Assignee Name And Residence Data to be PRINTED On the Patent (print or type)   PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the doctoredation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.										
1	(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent):										
-	4a. The following fcc(s) are enclosed:  4b. Payment of				x(e):						
	X Issue Fee D Publication Fee (No small entity discount permitted)			A check in the amount of the fee(s) is enclosed.							
	Advance Order - # o	Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number (enclose an extra copy of this form).									
	a. Applicant claims S	(from status indicated above	37 CFR 1.27.	b. Applicant	is no longer claiming SM	ALL ENTITY status. See 37 (	CFR 1.27(g)(2).				
]	The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.										
	Authorized Signature	Jm_			Date	10/4/05					
	Typed or printed name_		ris		Registrati						
5 5 1 1	This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.										
•			<u> </u>								



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)	:	Scott C. Harris	)	
Appl. No.	:	10/064,519	)	I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first class mail in an
Filed	:	July 23, 2002	)	envelope addressed to: Box Issue Fee, United States Patent and Trademark Office, P.O. Box 2327, Arlington, VA 22202, on
For	:	COMPRESSED AUDIO	)	
		INFORMATION	)	10/4/05
Group Art Unit	:	2655	)	Janes Dol
Class/Sub-Class	:	704-500000	)	Janet Christy
Examiner	:	D. D. Abebe	)	
			)	

## TRANSMITTAL LETTER

**BOX ISSUE FEE** United States Patent and Trademark Office P.O. Box 2327

Arlington, VA 22202

Attorney of Recent Poglann (20, %, 3, 43)

Dear Sir:

Enclosed for filing is the Issue Fee for the above-identified application:

- Form PTOL-85. (X)
- A check in the amount of \$700 to cover the issue fee is enclosed. (X)
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 50-387.
- (X) Return prepaid postcard.

医胸膜切除 医水管切除性 NO 5 F 273 Anyon group at the medication of a Column 3. 1. 7. 18 3 3 3 7 4

Scott C. Harris Registration No. 32,030 Attorney of Record